

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyis	t(s): Lisa K. Shapiro, P	h.D.; Paul A. Wo	orsowicz; Heidi L. Kroll; Erik W. Taylor
II. Name of Lobbyis	t's partnership, firm or corpor	ation, if any:	
		CALLAHAN & ain Street, Conc	GARTRELL, P.C. ord, NH 03301
603-228		603-226-3334	shapiro@gcglaw.com
(Telepl	hone)	(Fax)	(Email)
III. This statement c reportable expense tr	overs: (Choose one – file separ ansactions which are not attrib	ate reports for es outable to any on	ach client, OR you may file a separate report for e client.)
X All reportable			porting date relative to the following client.
			HEALTH NETWORK
	(Full Name of Client as it ap	pears on the Lobb	yist Registration Form)
All reportable unrelated to an	transactions by the lobbyist (include particular client.	uding the lobbyist	's family), or the lobbying firm listed below which ar
IV. Date of Report:	April 25, 2018 🗵		July 25, 2018 □
Reports cover: a	ctivity from date of registration i	to 3/31/18	activity from 4/1/18 to 6/30/18
	October 31, 2018		January 30, 2019 🔲
	activity from 7/1/18 to 9/30/18		activity from 10/1/18 to 12/31/18
	no fees received and no reportal complete just this form and subm		made since the last report. ary of State's Office, State House, Room 204,
VI. Check if addition	nal reports are attached:		
		you must file Ad	dendum A – Fees and Expenses
If you have pai Expense Reiml	bursement		t file Addendum B – Report of Honorariums or
<u> </u>		ical contributions	, you must file Addendum C – Political Contribution
	irmation by Lobbyist	cc	
to the best of my know		y swear or affirm	that the foregoing information is true and complete
11			
	J .		4-17-18
(Signature of Lobbyi	st)		(Date)
	,		,
Lisa K. Shapiro, Ph.D. (Print Name of lobby			

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NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

	s partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporati			
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date	April 25, 2	2018
lobbying, including fee	ant of all fees received from the client identified above as for services such as public advocacy, government relanitoring legislation, and related legal work. The gross f	ations, or	public relation	ns services,
a) Total of all fees reco	eived in this reporting period		a) \$	15,200.00
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$ 	
c) Total of all fees rece (Add lines a and b)	vived to date.		c) \$	15,200.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	5,000.00
fees. Separate reports lobbyist(s)/firm that are are to be reported in o reporting period for sa	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each cle unrelated to any one client a separate report may be ne of three categories of expenses: (a) the aggrega claries, benefits, support staff, and office expenses; (b)	ient and i filed for to te total on b) the ag	f expenditure he lobbyist(s f all expense gregate total	s are made by the highest of all individual of a
the cost was \$25.00 or purchase of a ceremoni statement of each indiv covered by (a) (for exargiven to the subject of legislative reception).	penditure was of \$25.00 or less (for example: meals pulses, purchase of a pen with a value of less than \$10 the all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$2 lobbying with a value greater than \$25, but not great Expenses for honorariums, expense reimbursement, or and should not be reported on Addendum A.	nat is give of \$25.00 greater th 5, purcha- ter than 5	n to the pers or less); ar an \$25.00 fo se of a cerem 550, restaura	on being lobbie of (c) an itemize r any purpose nonial object to lut expenses for
the cost was \$25.00 or purchase of a ceremoni statement of each indiv covered by (a) (for exargiven to the subject of legislative reception). on separate addendums a) Total aggregate expessupport staff, and office	penditure was of \$25.00 or less (for example: meals pulses, purchase of a pen with a value of less than \$10 the all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$2 lobbying with a value greater than \$25, but not great Expenses for honorariums, expense reimbursement, or and should not be reported on Addendum A. The enses for this reporting period for salaries, benefits, a expenses, related directly or indirectly to lobbying.	nat is give of \$25.00 greater th 5, purcha- ter than 5	n to the pers or less); ar an \$25.00 fo se of a cerem 550, restaura	on being lobbied (c) an itemized rany purpose note to be contained as for expenses for
the cost was \$25.00 or purchase of a ceremonistatement of each individual covered by (a) (for example to the subject of legislative reception). On separate addendums a) Total aggregate expessupport staff, and office	penditure was of \$25.00 or less (for example: meals pulses, purchase of a pen with a value of less than \$10 the all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$2 lobbying with a value greater than \$25, but not greatexpenses for honorariums, expense reimbursement, or and should not be reported on Addendum A.	nat is give of \$25.00 greater th 5, purcha- ter than 5 political a) \$	n to the pers or less); ar an \$25.00 fo se of a cerem 550, restaura	on being lobbie id (c) an itemize r any purpose nonial object to but expenses for s will be reported

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK		
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$ _	15,200.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$ _	
f) Total of all expenses year to date.	f) \$ _	15,200.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees deperiod, including by whom paid or to whom charged.	uring this	s reporting
Paid to:	An	nount
State of NH	- 💲 —	200.00
	- 💲 ——	
	\$	
	- \$	
	-	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the force is true and complete to the best of my knowledge and belief.	egoing i	ntormation
15 the and complete to the best of my knowledge and benefit.		
1/K) 4-1	$\frac{19-1}{\text{tte}}$	8
(Signature of lobbyist) (Da	ite)	
Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:				
Name of Lobbying p	Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network				
Date of Report (chec	ck one):			
April 25, 2018	July 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □	
		Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being	
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobby	, , , , , , , , , , , , , , , , , , ,		7-16-18 (Date)	
(Print Name of lobb	oyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Northeast Rehabilitation Health Network				
Date of Report (check	one):			
April 25, 2018	July 25, 2018 □	October 31, 2018	January 30, 2019 □	
		Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist	Koly		Y. 18 18	
(Signature of Lobbyist)		(Date)	
Heidi L. Kroll (Print Name of lobbyi	st)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
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Date of Report (check on	ıe):			
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
		ement of Income and Expert (insert the number of Ac	enses described above, and the ddendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
_0 Addendum C(s).				
I hereby swear or affirm to complete to the best of many (Signature of Lobbyist) Erik W. Taylor		ntion on the Statement and	each Addendum is true and 4/19/18 (Date)	
(Print Name of lobbyist))			